

Case Number:	CM14-0077097		
Date Assigned:	07/18/2014	Date of Injury:	08/26/2011
Decision Date:	08/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56-year-old male born on [REDACTED]. He has a reported date of injury on 08/26/2011, but no record of the biomechanics of an injury was provided for this review. The patient presented follow-up medical care on 12/05/2013 with complaints including right shoulder pain rated this 8/10. The patient reportedly had completed chiropractic/physical therapy and reported temporary relief. The patient was advised to continue with chiropractic physiotherapy for the right shoulder at a frequency of 2 times per week for 4 weeks. A chiropractic re-evaluation was performed on 12/16/2013 with right shoulder pain noted 8/10. Examination on 12/16/2013 revealed limited range of motion in all directions with pain at the anterior shoulder joint, sensation in bilateral upper extremities intact with the exception of C7 on the left being diminished, and motor strength 4/5 on right deltoid and 5/5 in all other upper extremity muscles. The chiropractor recommended continued chiropractic treatment for the right shoulder at a frequency of 2 times per week for 4 weeks. The patient was seen in follow-up medical examination on 02/26/2014 with complaints that included ongoing right shoulder pain from surgery on 05/13/2013. He had completed 20 sessions of chiropractic care and last worked on 08/26/2011. The patient was noted to be permanent and stationary. The patient presented for medical follow-up on 04/04/2014 with complaints that included right shoulder pain rated 8/10. The patient was status post right shoulder surgical intervention on 05/13/2013. He was currently undergoing chiropractic treatment but remained with persistent right shoulder complaints and popping and grinding of the shoulder with range of motion. Right shoulder examination on 04/04/2014 revealed flexion 0-150, right shoulder abduction 0-130, right shoulder external rotation 0-80, right shoulder internal rotation 0-70, and right shoulder adduction and extension 0-50; sensation intact to C5 distribution to light touch, 4+/5 strength in flexion, abduction, external rotation, internal rotation, adduction, and extension. Diagnoses included status post right

shoulder mini rotator cuff repair, arthroscopic subacromial decompression, and right shoulder biceps tenodesis on 05/13/2013. The patient was to continue with his home exercise program and he was advised her to continue with chiropractic for the right shoulder. The physician requested authorization for chiropractic for the right shoulder at a frequency of 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic care for the right shoulder 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 07/29/2014.

Decision rationale: The request for 8 additional sessions of chiropractic treatment for the right shoulder is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of shoulder conditions; therefore, MTUS guidelines are not applicable in this case. ODG is the reference source, and ODG does not support the request for 12 sessions of chiropractic therapy for the shoulder. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not documented. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. Prior to the request on 05/13/2014 for 8 additional chiropractic treatment sessions, the patient had completed 20 sessions of chiropractic care by 02/26/2014. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, elective/maintenance care is not supported, and this patient has already treated in excess of guidelines recommendations; therefore, the request for 8 additional chiropractic treatment visits exceeds ODG recommendations and is not supported to be medically necessary.